U.S. Department of Labor Office of Labor-Management s Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
N 1215-0188
Ex i s 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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For Official Use Only	For Official Use Only For Control				
E	READ THE INSTRUC	HAIR AVIET ATEL			
1. File Number U -			Fiscal Year Covered From:		
1. File Number 01 (2/1/3)			51/51/200 <u>v</u>	Through: [3] / 2004	
3. Name and address of person filing.			. Name, file number, and address	of labor organization.	
Name TRARY			Name VNITED FOO	D & COMMERCIAL 1776	
			Labor Organization File Number	045-254	
P.O. Box, Bldg., Room N	lo., if any		P.O. Box, Building and Room N	umber, if any	
Street 303111	*TON P.D. SUTK	2,261	Street 3034 WALT	OK) \$9 501 TE 261	
City VANUE	TA MITTER		City DAYNOVIH	MACHERINA	
State 70	ZIP Code + 4	797462	State VY	ZIP Code + 4 19 4 (2)	
5. Position in labor organization.					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transact	ion, or Income.	
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room	No., if any		7.b. Amount.		
Street		Paragraphic Control	·		
City					
State	ZIP Code + 4				
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed	Day Sty		On <u>8-12-05</u>	(010 -940 - 17) 6 Telephone Number	
- 114 20 (2002)				Page 1 c	

Name of Person Filing Larry S. Fly	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name UFCW Local 1776 - Participating Employers Health : Welfare Fund	a. Labor Organization				
Trade Name, if any:	b. Trust				
P.O. Box, Bidg., Room No., if any	c. Employer				
Street 3031 B Walton Road					
city Plymouth Meeting State PA ZIP Code + 4 19462					
	11.a. Nature of such dealing.				
10. If 9.b. or 9.c. is checked give trust or employer's name.	Taft Hartley Ben	IR Find			
Name Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	and the series of such dealing	24 117 094.00			
City ANNO 10 10 10 10 10 10 10 10 10 10 10 10 10	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received				
a series a					
City State ZIP Code + 4	Meal at IFEBP Co	nterence			
	Meal at IFEBP Co	AFERENCE			
	Meal at IFEBP Co	nference			
	Meal at IFEBP Co	nference			
	Meal at IFEBP Co	ts 77.00			
State ZIP Code + 4 C. Paceived from any employer (other than an employer covered un	12.b. Amount.				
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	12.b. Amount. Ider parts A and B above) ey or other thing of value.				
State ZIP Code + 4 C. Paceived from any employer (other than an employer covered un	12.b. Amount.				
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. Ider parts A and B above) ey or other thing of value.				
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. Ider parts A and B above) ey or other thing of value.				
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C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. Ider parts A and B above) ey or other thing of value.				
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C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. Ider parts A and B above) ey or other thing of value.				

Name of Person Filing Larry S. Fly	File Number U-					
3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
B. Name and address of Business (Including trade name, if any). Name UFCW Local 1776 & Particip. Employers Rension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3031 B Walton Road City Plymouth Meeting State PA ZIP Code + 4 19462	9. Business deals with: a. Labor Organization b. Trust c. Employer					
	11.a. Nature of such dealing.					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Teft-Hartley Rensson Fund					
Street	11.b. Approximate dollar value of such dealing. \$\\\\ 26\\\\ 207\\\ 158.00					
City Tate (1997) Cale of the Late of the Control of	12.a. Nature of interest held or income received.					
State ZIP Code + 4	Reimbursement for and attendance at, IFEBP Annual Conferences = \$3,440.co Lunches at Pension Fund Board Meetings = \$30.00					
	12.b. Amount. 53, 470.00					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any Street						
City State ZIP Code + 4						
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.					